PHYSICIANS should of OCCUPATION is RECORD PERMANENT 4 classified UNFADING certificate. 50 back PLAINLY Instructions C of inform DEATH NRITE 上〇 item mportant. Every its

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No [If death occurred In St.;....Ward) a hospital or losfitutico. give its NAME losfead Gelia Breson of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH . 191..... to (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, st 1 dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) ... which employed (or employer) ------Contributory..... State or country) (Secondary) 10 NAME OF FATHER (Signed) ... 191 4. (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. ARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) OF MOTHER (State or country At place In the of death yrs. mos. ds. State yrs. ____ mos. ds. Where was disease confracted. If not at place of death?. Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) salesman, (v) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engincer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the pisease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "PUTEPTERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio--Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ter" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH

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		Registration Dist, No.
Vill	2FULL NAME Samue C Ruth	St.; Ward) [If death occurred to a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH,
3 SE	MARRIED, Mary	(Month) (Day (Year)
	HATE OF BIRTH Janis 1877 (Month) (Day (Year)	that I last saw have allve on Oak 16h, 1914
TAC	If LESS than f day,hrs.	and that death occurred on the date stated above, at H m. The CAUSE OF DEATH* was as follows:
(a) par (b) busi whice	Trade, profession, or Depterment General nature of industry, ness, or establishment in Sauguring Oystens RTHPLACE (State or country) Shuarish and 10 NAME OF FATHER Patrick Partle 11 BIRTHPLACE OF FATHER	Contributory Secondary (Signed) Contributory Secondary (Address) (Signed) (Address) (Address) (Address) (Address) (Address)
PARENTS	12 MAIDEN NAME OF MOTHER PLICE Crowdy 13 BIRTHPLACE OF MOTHER (State or country) 1. Many 6. Many	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds.
91	Informant) Patrick Douglas (Address) Charlotte Hall red	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the (6)

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genital," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae-"Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. ample: "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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CE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. N If death occurred le Vittage or-Gity St.:....Ward) a hospital or institution, give its NAME instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH manie MARRIED, WIDOWED, (Month) ORDIVERCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 9/4 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ... State _____ yrs. ___ mos. __ Where was disease contracted. If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

more blanks are needed, address State Registrar, 6-E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

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STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH County L. Mary Registration Dist. No. Village or City ..Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Day) (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from STATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in certificate. ⁹BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) ò 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER See Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ ds. State yrs. ____ mos. ... Where was disease contracted. MY KNOWLEDGE If not at place of death? usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankjin St., Balto., Requesting V. S. No. 1.

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give its NAME instead of street and number. ?

[Approved by U. S. Census and American Public Health Association.]

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. B.-Every Item CAUSE OF Important. PLACE OF DEATH 12008

Village or City Chiepties

Filed John 6, 191 4



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 283

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead

ADDRESS

Chapters

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal.	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF		17 I HEREBY CERTIFY, That I attended deceased from, 191, 191,
	(Month) (Day (Year)	that I last saw h alive on
AGE	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
	ATION profession, or kind of work	Still Cosh.
business, o which emplo	il nature of industry, or establishment in oyed (or employer)	(Ouration) yrs mos ds.
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S 11 BE ()	AME OF ATHER William & le ole IRTHPLACE OF FATHER (State or country) AIDEN NAME	(Signed) (Si
13 BI O (IRTHPLACE F MOTHER State or country) BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE OF MOTHER State OF COUNTRY BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) Af place In the of death yrs, mos. ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, (Month) (Day) ORDIVORCED I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) TAGE If LESS Than and that death occurred on the date stated above, at 1 day,hrs. OR min. ? 8 OCCUPATION (a) Frade, profession, or parlicular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ------(Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ы CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ____ yrs. mos. ds. State yrs, mos. ds. Where was disease contracted. If not at place of death?. Former or usual residence. 19 PRACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 29 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The "Manager," "Dealer," etc., without more precise speciness. If retired from business, that fact may be indification, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the deather the causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails. Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:



V. E. No. 1.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS of information should be c DEATH in plain terms, so See instructions on back of CAUSE OF Important. N.B.

Ounty X Marys.

Village or City X Angres (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City X Mey 120 (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Ulleam Una	hew Dyson of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day (Year)	16 DATE OF DEATH POV. (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from May. 16 191 4 to Mov. 8 (191 4 to Mov. 8 (191 4 to Mov. 8
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12 $Q_{\rm m}$. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE (State or country)	Joyaemen Verhanstin (Buration) yes mos 8 ds.
10 NAME OF FATHER MS BASTIST DYSIN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME M 12 MAIDEN NAME M 12 MAIDEN NAME M 13 MAIDEN NAME M 14 MAIDEN NAME M 15 MAIDEN NAME M 16 MAIDEN NAME M 17 MAIDEN NAME M 18 MAIDEN NAME M 18 MAIDEN NAME M 19 MAIDEN NAME M 10 MAIDEN NAME M 10 MAIDEN NAME M 10 MAIDEN NAME M 11 MAIDEN NAME M 11 MAIDEN NAME M 12 MAIDEN NAME M 13 MAIDEN NAME M 14 MAIDEN NAME M 15 MAIDEN NAME M 16 MAIDEN NAME M 17 MAIDEN NAME M 18 MAIDEN NAME M 19 MAIDEN NAME M 19 MAIDEN NAME M 19 MAIDEN NAME M 10 M	(Signed) (Buration) yrs 2 mos 2 ds. (Signed) (Signed) (Address) (
of Mother Man & Males 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY-KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, 2 mos. 22 ds. State yrs, 2 mos. 22 ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) At Ingoro 16 Filed Ato, 9, 1914 & E. Brish	Sh. Inschaela R. C. C. Date of Burial 20 UNDERTAKEB ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not statement. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberquelesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as ctc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACLLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

11702 months of the 11702 1 PLACE OF DEATH STATE OF MADVI AND

N MA	STATE OF MARTEAND
County of Maryo	CERTIFICATE OF DEATH
	Registration Dist, No. 280
Village or City Wyme (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While word	16 DATE OF DEATH (Month) (Day (Year) 1 HEREBY CERTIFY. That I attended deceased from
e date of Birth (Month) (Day (Yea	14 horan 1914 to Nov 20 1914.
7 AGE If LESS 1 day,	than and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Prone Letis Nous. (Buration) yrs. mos. 3 ds.
SBIRTHPLACE (State or country)	Contributory Secondary (Doration) Ayrs mos ds
10 NAME OF Chr Frohes	(Signed) John D. M. D.
11 BIRTHPLACE OF FATHER (State or country) Personal	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Golden Golden	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs, mos ds. State yrs, mos ds
(Informant)	Where was disease contracted, If not at place of death? Former or osual residence.
(Address) Og mul	19 PLACE OF BURIAL OR REMOVAC DATE OF BURIAL
Filed Nov 30, 191 / Doyd	20 UNDERTAKER ADDRESS
If more blanks are needed address State	Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Physician, Compositor, Architect, Locomotive engineer, . For many occupations a single word or term on the ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never return (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing calvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; For vio-



BINDING RESERVED MARGIN

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH V. S. No. 1.

N. B.

PLACE OF DEATH County.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

***************************************	St.;Ward)	
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w		

fif death occurred in

Vil	FULL NAME . Ford Dree	a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Rale Color OB RACE SINGLE MARRIED MULLES WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)) I HEREBY CERTIFY. Thank attended deceased from
6 D	ATE OF BIRTH Control 20 858 (Month) (Day Fear)	that I last saw h in allive on 100, 19 , 191 4
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 7,300 m. The CAUSE OF DEATH* was as follows:
(a pa (b) bu:	yrs	Tulmonany Fulueulori Albertion 7 yrs. mos. ds.
9 B	IRTHPLACE (State or country) 10 NAME OF William Gelwell)	Contributory Secondary (Ouration) (Signed) (Signed) (Signed) (Author) (M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUTING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
4	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
14 .	(Informant) Conar Track	If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fl	led,191	20 UNDERTAKER D. Mailingly January
	If more blanks are needed, address State Regist	frar. 6 E. Franklin St. Balto Reducating V S No. 1

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsious," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of "Exhaustion," For VIO-



PHYSICIANS RECORD PERMANENT AG should Information PL

CSICIANS should OCCUPATION IS statement classified. properly pe may certificate. that 80 10 plain Instructions 5 I EAT 00 Item E OF Every Item CAUSE OF Important.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in Village or City. St:....Ward) a hospital or institution. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, LE (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 8 DATE OF BIRTH (Year) alive on (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE , 191 (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS RECISTRAR

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cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile," etc.), "Dropsy," "Exhaustion, "Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy, injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. ter" is icss definite; avoid use of "Tumor" for mails The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



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WRITE PLAINLY, WITH

stated EXACTLY. PHYSICIANS should state i. Exact statement of OCCUPATION is very

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N. B.—Every item of Information should be carefully supplied. ACE should be st. CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

PLACE OF DEATH	12005	1
County Amany		11
Village or City Daksun	lle (No)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

li.00 D

FULL NAME SIME FINN		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Colored Single, MARRIED, WIDOWEO. OR ONVORCED Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from	
6 DATE OF BIRTH	that I last ssw h alive on	
7 AGE If LESS than 1 day,hrs. OR OR OMN. ?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work	(Duration) yrs mos ds.	
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER THER THER	Contributory Secondary (Boration) (Signed) (Signed)	
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.	
(Address) Oakstill Mil	Jallile Cemetry Jar 232, 1814. 20 UNDERTAKER CONSTRUCT Deorse Construcy Capsully	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Regulesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the misrase causing nearth (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a dcfinite disease ean be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease eausing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as ehildbirth or miscarriage as "Puerperal scptichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Ex-



V. S. No. 1.

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Very

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. It death occurred in .Ward) a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, 191. WIDOWED, (Month) (Day) (Year) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended decessed from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) Contributory. State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN. 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. State yrs, mos, ds. Where was disease contracted. THE BEST OF MY KNOWLEDGE If not at place of death? Former or informant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

more bianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter,

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. -Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state DEATH in plain, terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

CAUSE OF Important.

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V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND			
CERTIFICATE	OF	DEATH	
		9 a	

County It many	CERTIFICATE OF DEATH Registration Dist. No. 2 83
Village or City Steeley (No, Plant Harry Plant	St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race 5 single, Married, Wildowsto, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)) 17 I HEREBY CERTIFY. That I attended deceased from
Month) (Day (Year)	that I last saw h
7 AGE If LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Dronning (Duration) yrs mos 6s
9 BIRTHPLACE (State or country) Manual	Contributory Secondary (fluration)
11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) Signed (Signed) (Sign
13 BIRTHPLACE OF MOTHER (State or country) Manual (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds
(Interment) The ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) g. Mrtsvalle France 15 Filed Gengies Co md REGISTRAR	19 PLACE OF BURIAL OR REMOVAL St. Many Cenutry Man 27, 1915 29 UNDERTAKEN ADDRESS STATEMENT STATEMENT ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Tranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURTATA

WRITE PLAINLY, WITH UNFADING INK-THIS IS

S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION 1s yery A PERMANENT RECORD of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms. s Important. N. B.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

 S	t.:	 W	ard	1
 _	and.	 		,

Ilt death occurred in a hospital or institution. give its NAME instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mula leola 6 Single, Married, Widowed, Widowed, Widowed, Wild the word)	18 DATE OF DEATH 16 , 1914 (Month) (Day (Year)
AGE Month (Day (Year)	that I last saw has alive on Salar and that death occurred en the date stated above, at The m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country), State or country), State or country) 10 NAME OF FATHER (State or country) State or country) 12 MAIDEN' NAME OF OF MOTHER OF MOTHER OF MOTHER	(Duration) 2 yrs mos ds. Contributory Secondary (Doration) yrs mos ds. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) (Interment)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds Where was disease contracted, if not at place of death? former or osual residence.
(Address). H. Llyss & M.	1 PLACE OF BURIAL OR REMOVAL ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second applies to each and every person, irrespective of age-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Hacmorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustion," Never report For vio-



PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. classified. pe UNFADING INK-THIS IS should properly AGE supplied. pe may certificate. carefully that It 80 0 WITH on back terms, of information should PLAINLY, plain See Instructions Ę DEATH WRITE Item OF Important. CAUSE m ż

10 NAME OF FATHER

14 THE ABOVE IS

(Address

(Informant)

PARENTS

15

Filed_

of FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

PLACE OF DEATH FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Dav (Year) TAGE It LESS than 1 day,....hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country)

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

		St.;		******	War	(d)	
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lif death occurred in a hospital or Institution. give its NAME Instead of street and number.]

	MEDICA	L CERTIFICAT	E OF DEATH	
16 DATE C	F DEATH	(Month)	(Day	, 1914 (Year)
17	I HEREE	Y CERTIFY, T	, ,	(
F-00-0-1-1-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1		191, to		. 191
that I last		allye on		
and that de	ath occurred	on the date st	ated above, at	m
1/ .	andst.	* was as follow in this		Tif
	utory	(Duration)		
		(Doration)) vre	ds
(Signed)	. /	// '	She you	al Buy
*State CAUSES, TAL, SUI		CAUSING DEATH ANS OF INJURY ICIDAL.		
At place of death	yrs moisease contracted, e of death?	s ds. Si	the tate yrs	mos ds
House wooldon	CB			

	of BURIAL O	R REMOVAL	DATE O	F BURIAL

No. υż

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illwho receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dieumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD UNFADING INK-THIS IS WRITE PLAINLY, WITH N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, se

Village or City Masses of City Masse	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 4 [if death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Preso Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Widowed, Wile the word) 6 DATE OF BIRTH AGENT & D. Years a go (Month) (Day (Year)	16 DATE OF DEATH (Month) (Day (Year)) 17 I HEREBY CERTIFY, That I attended degeased from 2 ft., 1911, to 10 ft., 191.4, that I last saw h LA alive on 10 ft., 191.4,
7 AGE It LESS than 1 day, hrs. OR	and that death occurred on the date stated above, at 1.31 Am. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Pulmonary Yuberaulossiste About 3 angor (Deration) yrs mos os.
9 BIRTHPLACE (State or country) St Mary's & d 10 NAME OF FATHER Alfred Goldon	Contributory Secondary (Deration) yrs mos ds. (Signed) Zach R Herryan, M. D.
11 BIRTHPLACE OF FATHER (State or country) St branch So 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) St branch So (State or country) St branch St branch So (State or country) St branch St branch St branch So (State or country) St branch St branc	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds
(Intermant) Bother to the Best of My Knowledge (Intermant) Bother to Rey (Address) Boharlotte Hall	Where was disease contracted, It not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL St Joseph Semetery 1, 1914. 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

80.

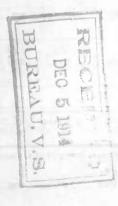
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Wone. been changed or given up on account of the disease of persons engaged in domestic service for wages, as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exetc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Always qualify all diseases resulting from Meastes (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "PUERPERAL septichae-



V. 8. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very		
stated EXACTLY.	. Exact stateme		
AGE should be	properly classified		
ould be carefully supplied.	terms, so that it may be	n back of certificate.	
tem of information sh	OF DEATH in plain	Important. See instructions on back of certificate.	
N. BEvery	CAUSE	Importa	

County Sh. Maryi	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 283
Village or City Mongama (No. 2)	St.; Ward) [If death occurred to a hospital or institution give its NAME lostes of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH (Month) (Day) (Year)	that I last saw h
TAGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 40 m The CAUSE OF DEATH* was as follows: 20 January in alludance Carland Daniel Allung Mining
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	Contributory (Secondary)
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 60	(Signed) A. J. (Address) yrs mes ds. *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER Helen Drown 13 BIRTHPLACE OF MOTHER (State or country) MM-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
Informant) MAN JUANNY	Where was disease contracted, If not at place of death?
Filed Dan 4 1914 AB Johnson REGISTRAR If more blanks are needed address State Bods to	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS MYGAMA ADDRESS
in more blanks are meeted, address State Registra	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekecpers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material. worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Deeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUEEPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Brenchopneumonia (secondary), 10 ds. Never repor ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples:



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.

1 PLACE OF DEATH	STATE OF MARYLAND
and the same	CERTIFICATE OF DEATH
County Standard	Registration Dist. No. 283
Branka Ernet	
Village or City (No. 100)	St.; Ward) [If death occurred is a hospital or institution,
1, '01'	give its NAME instead of street and number.]
FULL NAME MMINON	Maches and nombor.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF REAL AT
MIDOWED.	(Month) (Say (Year)
male wind (Write the word) red	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
(Month) (Day (Year)	that I last saw halive on
TAGE A SO II LESS than	and that death occurred on the date stated above, at
alm 30 Mic 1 day,hrs.	The CAUSE OF DEATH* was as follows:
OCCUPATION S. OR MIN. ?	· Accidental
(a) Trade, profession, or	Drinning
particular kind of work (b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory
- mulling	Secondary (Doration) yrs mos ds.
10 NAME OF CASHA WICKS	(Signed) Joseph, C, Mille, Caroner, 4.0.
U 11 BIRTHPLANE	Only 22 1915 (Address) Stallman ord mad
11 BIRTHPLATE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER	State the DISEASE CAUSING DEATH, O, In deaths from VIOLENT
W 12 MAIDEN NAME OF MOTHER 14 01 M	State the DISEASE CAUSING DEATH, of in deaths from VIOLENT USES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a WWISMIN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	Af place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Herman, M. World	If not at place of death?
(Informant)	usual residence
(Address) & Durest Mag	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Hermy Cerretry July 23 4 1913-
Filed, 191	20 UNDERTAKER ADORESS
REGISTRAR	Herman M. word Byrren, Policet
11 more planks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Co md,
	co, ma,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

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PERMANENT BINDING THIS INK ESERVED UNFADING 0 MARGIN

11806 PHYSICIANS should state of OCCUPATION Is very RECORD 2FULL NAME statement PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 5 SINGLE, 4 COLOR OR RACE WIDOWED M (Write the word) Exact stated DATE OF BIRTH classified. (Month) (Day (Year) should be TAGE It LESS tha 1 day,.....hrs properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of industry, business, or establishment in may which employed (or employer) -certificate. 9 BIRTHPLACE (State or country) carefully that 10 NAME OF FATHER jo See instructions on back BIRTHPLACE DEATH in plain terms. ARENT pinous OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER of Information 13 BIRTHPLACE OF MOTHER (State or country) WRITE OWLEDGE CAUSE OF Important. Item Every 15 Z. REGISTRAR

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

.....Ward)

[If death occurred in a hospital or institution, give its NAME lostead ot street and number.]

MEDICA	AL CERTIFIC	ATE OF	DEATH	
16 DATE OF DEATH	Mon	th)	/4- (Day	, 1914 (Year)
17 I HERE	BY CERTIFY		attended	deceased fro
	, 191 to			, 191
that I last saw h	allys on	***********		, 191
and that death occurre	d on the date	atated	above, at.	******************************
The CAUSE OF DEATH	i* was as to		************	•
	(Dura	tion)	yrs	MOS
Contributory Secondary				
(Signed)	(Don	ation)	yrs	, M.
(Signed)	(Dora	ation)	sill	mos., w.
(Signed)	(Address) (Causing De Causing De Eans of Inj	CATH, OF, URY; an	in deaths d (2) wh	mos., M. S from Viole ether Accide one, Transien
*State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, OF HO 18 LENGTH OF RESIDION RECENT RESIDENT At place of death yrs	(Address) (C. (Address) (C. CAUSING DE EANS OF INJ. MICIDAL, ENCE (FOR Hote) (105,	CATH, OF, URY; and Papitals, in the State	in deaths d (2) wh	mos., M. S from Viole ether Accide one, Transien
(Signed)	(Address) (C. CAUSING DE EANS OF INJ. MICIDAL, ENCE (FOR Hos.)	CATH, OF, URY; an	in deaths d (2) wh	mos., M. S from Viole ether Accide one, Transien
(Signed)	(Address) (C. (A	CATH, OF, URY; an Dapitals, in the State	in deaths d (2) wh	mos., M. S from Viole ether Accide one, Transien
(Signed)	(Address) (C. (A	CATH, OF, URY; an Dapitals, in the State	in deaths d (2) wh	s from Viole ether Accide ma, Transien mos.
(Signed)	(Address) (C. (A	CATH, OF, URY; an Dapitals, in the State	in deaths d (2) wh	mos. M. J.M. S from Viole Bether Accide Mos. Mos. F BURIAL 6 191.

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. σž

[Approved by U. S. Census and American Public Health Association.]

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